

2006 MEDICARE PRESCRIPTION DRUG PLANS FOR INDIANA

The Medicare Prescription Drug Benefit is available to anyone who is eligible or enrolled in Part A and Part B of Medicare.

PDPs (Prescription Drug Plans) might vary, but in general, you will pay the first \$250 per year and then:

- 25% of your yearly drug costs from \$250 to \$2,250
- 100% of your drug costs from \$2,251 to \$5,100
- 5% of your drug costs for the rest of the calendar year

PDPs may offer better benefits which are listed on the attached chart.

Additional help is available for persons with low incomes. If you are single and your yearly income is less than **\$14,355** and assets less than \$10,000, or if you are a couple and your income is **\$19,245** or less and assets less than \$20,000, you will be eligible for help to pay for premiums, deductibles, and/or co-pays. Contact your local Social Security Office if you think you are eligible.

STAND-ALONE MEDICARE PRESCRIPTION DRUG PLANS FOR 2006

COMPANY INFORMATION	PLAN NAME	MONTHLY PREMIUM	AMOUNT YOU PAY FOR EACH PRESCRIPTION	YEARLY DEDUCTIBLE
ADVANTRA RX 800-882-3822	ADVANTRA RX PREMIER	\$34.03	\$5 – 52\$ COPAY	\$0
	ADVANTRA RX PREMIER PLUS	\$47.46	\$0 - 61 COPAY	\$0
	ADVANTRA RX VALUE	\$22.35	\$10 - \$40 COPAY	\$0
AETNA LIFE INSURANCE COMPANY* 800-213-4599	AETNA MEDICARE RX ESSENTIALS	\$37.83	\$5 - \$25 COPAY	\$250
	AETNA MEDICARE RX PLUS	\$49.14	\$7 - \$35 COPAY	\$0
	AETNA MEDICARE RX PREMIER	\$65.29	\$2 - \$40 COPAY	\$0
ANTHEM BLUE CROSS AND BLUE SHIELD 800-467-8065	BLUE MEDICARE RX VALUE	\$22.66	\$5 - \$25 COPAY AND/OR 25% COINSURANCE	\$250
	BLUE MEDICARE RX PLUS	\$30.96	\$10 - \$30 COPAY AND/OR 30% COINSURANCE	\$0
	BLUE MEDICARE RX PREMIER	\$38.71	\$10 - \$60 COPAY AND/OR 30% COINSURANCE	\$0
AMERIHEALTH ADVANTAGE RX 866-282-3235*	AMERIHEALTH ADVANTAGE RX OPTION 1	\$24.34	\$2 - \$5 COPAY AND/OR 5% - 25% COINSURANCE	\$250
CIGNA HEALTH CARE 800-735-1459	PLAN 00315	\$36.69	\$0 - \$40 COPAY AND/OR 0% - 40% COINSURANCE	\$250
	PLAN 00515	\$41.82	\$0 - \$50 COPAY AND/OR 0% - 40% COINSURANCE	\$0
	PLAN 00615	\$50.23	\$0 - \$50 COPAY AND/OR 0% - 40% COINSURANCE	\$0
COMMUNITY CARE RX 866-684-5353	CCRX BASIC	\$32.39	25% - 45% COINSURANCE	\$250
	CCRX CHOICE	\$40.49	\$4 - \$40 COPAY	\$250
	CCRX GOLD	\$44.41	\$4 - \$50 COPAY	\$100
FIRST HEALTH SERVICES* 800-588-3322	FIRST HEALTH PREMIER	\$28.27	\$2 - \$5 COPAY AND/OR 5% - 25% COINSURANCE	\$250
HUMANA INC.* 800-281-6918	HUMANA PDP ENHANCED	\$23.15	\$0 - \$60 COPAY AND/OR 25% COINSURANCE	\$0
	HUMANA PDP COMPLETE	\$66.89	\$0 - \$60 COPAY AND/OR 25% COINSURANCE	\$0
	HUMANA PDP STANDARD	\$12.30	\$2 - \$5 COPAY AND/OR 5% - 25% COINSURANCE	\$250
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY* 800-943-0399	PACIFICARE COMPREHENSIVE PLAN	\$53.36	\$7.50 - \$49.80 COPAY AND/OR 33% COINSURANCE	\$0
	PACIFICARE SAVER PLAN	\$32.45	\$7.50 - \$48.10 COPAY AND/OR 33% COINSURANCE	\$0
	PACIFICARE SELECT PLAN	\$47.61	\$7.50 - \$57.95 COPAY AND/OR 33% COINSURANCE	\$0

PRESCRIPTION PATHWAY 800-845-2551	PRESCRIPTION PATHWAY GOLD PLAN	\$53.99	\$4-\$29 COPAY AND/OR 25% COINSURANCE	\$0
	PRESCRIPTION PATHWAY PLATINUM PLAN	\$70.72	\$4-\$42 COPAY AND/OR 25% COINSURANCE	\$0
	PRESCRIPTION PATHWAY SILVER PLAN	\$43.23	\$4-\$29 COPAY AND/OR 25% COINSURANCE	\$250
PRESCRIPTION PATHWAY 800-765-8900	PRESCRIPTION PATHWAY GOLD PLAN	\$53.92	\$4-\$29 COPAY AND/OR 25% COINSURANCE	\$0
	PRESCRIPTION PATHWAY BRONZE PLAN	\$33.88	\$2-\$5 COPAY AND/OR 5% - 25% COINSURANCE	\$250
	PRESCRIPTION PATHWAY SILVER PLAN	\$43.14	\$5-\$28 COPAY AND/OR 25% COINSURANCE	\$250
SILVERSCRIPT INSURANCE COMPANY* 866-552-6106	SILVERSCRIPT	\$33.38	\$0 - \$9 COPAY AND/OR 25% COINSURANCE	\$250
SILVERSCRIPT INSURANCE COMPANY* 866-235-4582	SILVERSCRIPT PLUS	\$62.85	\$8 - \$62 COPAY AND/OR 25% COINSURANCE	\$100
STERLING LIFE INSURANCE COMPANY 888-858-8572	STERLING PRESCRIPTION DRUG PLAN	\$60.41	\$10 - \$22 COPAY AND/OR 25%-42% COINSURANCE	\$100
UNICARE* 866-892-5335	MEDICARE RX REWARDS	\$22.66	\$5 - \$25 COPAY AND/OR 25% COINSURANCE	\$250
	MEDICARE RX REWARDS PLUS	\$30.96	\$10 - \$30 COPAY AND/OR 25% COINSURANCE	\$0
	MEDICARE RX REWARDS PREMIER	\$41.13	\$10 - \$60 COPAY AND/OR 30% COINSURANCE	\$0
UNITED AMERICAN INSURANCE COMPANY 866-524-4169	UNITED AMERICAN PART D PRESCRIPTION DRUG COVERAGE	\$40.96	\$9 - \$60 COPAY AND/OR 33% COINSURANCE	\$0
UNITED HEALTH CARE INSURANCE COMPANY* 888-867-5564	AARP MEDICARE RX PLAN	\$29.06	\$5 - \$55 COPAY AND/OR 25% COINSURANCE	\$0
UNITED HEALTH CARE INSURANCE COMPANY* 888-566-6657	UNITED MEDICARE MEDADVANCE	\$32.15	\$10 - \$52 COPAY AND/OR 25% COINSURANCE	\$0
WELLCARE HEALTH PLANS* 888-423-5252	WELLCARE SIGNATURE	\$27.45	\$0 - \$69 COPAY AND/OR 33% COINSURANCE	\$250
	WELLCARE COMPLETE	\$47.99	\$0 - \$50 COPAY AND/OR 30% COINSURANCE	\$0
	WELLCARE PREMIER	\$52.23	\$0 - \$60 COPAY AND/OR 30% COINSURANCE	\$0
YOURX PLAN	MEDCO PRESCRIPTION SAVINGS PLAN	\$34.61	\$4 - \$17 COPAY AND/OR 25% - 75% COINSURANCE	\$250

*Eligible to receive Auto-Enrolled Beneficiaries in Indiana

10/03/05